

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

ORIGINAL

COVER PAGE - LONG FORM

Date Stamp

CALIFORNIA
FORM

460

Page 1 of 9

A For Official Use Only

Statement covers period

from 01/01/2004

through 01/17/2004

Date of Election if applicable:

(Month, Day, Year)

03/02/2004

Sanchez

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☒ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ Sponsored
☐ General Purpose Committee
☐ Sponsored ☐ Primarily Formed Candidate
☐ Small Contributor Committee Officeholder Committee
☐ Political Party/Central Committee

2. Type of Statement:

- ☒ Pre-election Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election
☐ Amendment (Explain below) Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1243639

COMMITTEE NAME

Bill Campbell for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-20-04
DATE

Executed on 1-21-04
DATE

Executed on _____
DATE

Executed on _____
DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM

460

Page 2 of 9

5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bill Campbell

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District, District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

[REDACTED]

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Statement covers period

from 01/01/2004

through 01/17/2004

CALIFORNIA
FORM

460

Page 3 of 9

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 1,300.00	\$ 1,300.00
2. Loans Received Schedule B, Line 7	0.00	65,000.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,300.00	\$ 66,300.00
4. Non-monetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,300.00	\$ 66,300.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received ... \$ 0

21. Expenditures Made \$ 0

Expenditures Made

6. Cash Payments Schedule E, Line 4	\$ 3,390.22	\$ 3,390.22
7. Loans Made Schedule H, Line 7	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 3,390.22	\$ 3,390.22
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	11,440.00	12,040.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 14,830.22	\$ 15,430.22

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 93,213.44
13. Cash Receipts Column A, Line 3 above	1,300.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	7,050.00
15. Cash Payments Column A, Line 8 above	3,390.22
16. ENDING CASH BALANCE Lines 12 + 13 + 14, then subtract Line 15	\$ 98,173.22

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b) \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ 77,040.00

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2004	
through	01/17/2004	Page 4 of 9
NAME OF FILER Bill Campbell, Bill Campbell for Supervisor		ID NUMBER 1243639

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2004	Paul Pursell [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist St. Joseph Hospital	100.00	100.00	100.00 (P04)
01/10/2004	Francine Scinto [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Asset Management Orange Co. Assoc.	100.00	100.00	100.00 (P04)
01/08/2004	Tarlos & Associates Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,100.00	1,100.00	1,400.00 (P04)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				1,300.00		

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,300.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,300.00

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period

from 01/01/2004

through 01/17/2004

CALIFORNIA
FORM

460

Page 5 of 9

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Campbell [REDACTED] [REDACTED]	Supervisor Orange County			<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 10,000 12/31/2004 DATE DUE	% 0.000 RATE \$ 0	\$ 10,000 03/15/2002 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION \$ 30,000 P04
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$ 10,000	\$ 0	\$ 0				
Bill Campbell (Continued)				<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 35,000 / / DATE DUE	% 0.000 RATE \$ 0	\$ 35,000 32/27/2003 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION \$ 10,000 P04
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$ 35,000	\$ 0	\$ 0				
Bill Campbell (Continued) (Continued)				<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 20,000 12/31/2004 DATE DUE	% 0.000 RATE \$ 0	\$ 20,000 06/26/2003 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION \$ 30,000 P04
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$ 20,000	\$ 0	\$ 0				

SUBTOTAL \$ 0.00 \$ 0.00 \$ 65,000.00 \$ 0.00

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus itemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule E
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2004	
through	01/17/2004	Page 6 of 9
NAME OF FILER Bill Campbell, Bill Campbell for Supervisor		I.D. NUMBER 1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRI	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT			AMOUNT PAID
	CODE	OR	DESCRIPTION OF PAYMENT	
American Express [REDACTED] [REDACTED]	OFC LIT POS	128.86 1,633.46 259.00		2,021.32
Cingular Wireless [REDACTED] [REDACTED]	OFC			130.14
Barrett Garcia [REDACTED] [REDACTED]	PRO			880.00
SUBTOTAL \$				3,031.46

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 3,356.46
2. Unitemized payments made this period of under \$100.	\$ 32.76
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ 3,390.22

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2004</u> through <u>01/17/2004</u>	CALIFORNIA FORM 460 Page <u>7</u> of <u>9</u> I.D. NUMBER 1243639
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NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Lewis Consulting Group [REDACTED] [REDACTED]	CNS		325.00

SUBTOTAL \$ 325.00

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period from 01/01/2004 through 01/17/2004	CALIFORNIA FORM 460 Page 8 of 9
I.D. NUMBER 1243639	

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Diane Stone & Associates [REDACTED] [REDACTED]	CNS	0.00	11,440.00	0.00	11,440.00
Lea Petersen [REDACTED] [REDACTED]	FND	600.00	0.00	0.00	600.00
SUBTOTALS \$		600.00 \$	11,440.00 \$	0.00 \$	12,040.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** \$ 11,440.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** \$ 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$ 11,440.00

Schedule I
Miscellaneous Increases to Cash

SCHEDULE I

Statement covers period
from 01/01/2004
through 01/17/2004

CALIFORNIA
FORM 460

Page 9 of 9

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

I.D. NUMBER

1243639

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/06/2004	Registrar of Voters - Department of Elections - County of Orange [REDACTED] [REDACTED]	Candidate Filing Refund	7,050.00

SUBTOTAL \$ 7,050.00

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ 7,050.00
- Increases to cash under \$100 this period.
(Do not itemize.) \$ 0.00
- Total of all interest received this period on loans made to others.
(Schedule H, Part II (b).) \$ 0.00
- Total miscellaneous increases to cash this period.
(Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) TOTAL \$ 7,050.00